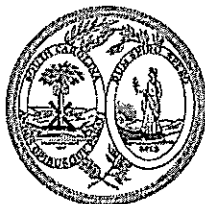


State of South Carolina



Election Commission

PHONE: (803) 734-9060  
FAX: (803) 734-9366  
www.state.sc.us/scsec

MARCI ANDINO  
Executive Director

DONNA C. ROYSON  
Deputy Executive Director  
Director, Voter Services

JANET REYNOLDS  
Director  
Administrative Services

GARRY BAUM  
Director,  
Public Information and  
Training

CHRIS WHITMIRE  
Public Information Officer

FILE COPY

August 9, 2006

REVISED

Ms. Peggy Sims, Research Specialist  
U. S. Election Assistance Commission  
1225 New York Ave., NW Suite 1100  
Washington, D. C. 20005

Dear Mr. Sims:

The South Carolina Auditor's Office conducted an audit of the Help America Vote Act (HAVA) funds received by South Carolina. Following the audit, we were advised to separate the interest by the various titles and sections on the 269 reports. We have revised all previously submitted 269 reports for Title I, Sections 101 and 102 to include the interest. The revised reports are enclosed. Please contact me if you need anything further.

Sincerely,

A handwritten signature in cursive script, reading "Janet Reynolds".

Janet Reynolds  
Finance Director

/jr

Enclosures

**FINANCIAL STATUS REPORT  
(Long Form)**

*(Follow instructions on the back)*

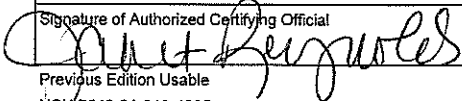
*Revised  
ORIGINAL*

1. Federal Agency and Organizational Element to Which Report is Submitted General Services Administration		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 39.011 Section 102		OMB Approval No. <b>0348-0039</b>	Page of <b>1</b> of <b>1</b> pages
3. Recipient Organization (Name and complete address, including ZIP code) SC Election Commission PO Box 5987 Columbia, SC 29250 (2221 Devine Street Suite 105)					
4. Employer Identification Number 57-6000286		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 4/23/2003		To: (Month, Day, Year) <i>Open</i>		9. Period Covered by this Report From: (Month, Day, Year) 4/23/2003 To: (Month, Day, Year) 12/31/2003	
10. Transactions:		I Previously Reported		II This Period	
				III Cumulative	
a. Total outlays		0.00		0.00	
b. Refunds, rebates, etc.		0.00		0.00	
c. Program income used in accordance with the deduction alternative				0.00	
d. Net outlays (Line a, less the sum of lines b and c)		0.00		0.00	
Recipient's share of net outlays, consisting of:					
e. Third party (in-kind) contributions		0.00		0.00	
f. Other Federal awards authorized to be used to match this award		0.00		0.00	
g. Program income used in accordance with the matching or cost sharing alternative		0.00		0.00	
h. All other recipient outlays not shown on lines e, f or g		0.00		0.00	
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		0.00		0.00	
j. Federal share of net outlays (line d less line i)		0.00		0.00	
k. Total unliquidated obligations				0.00	
l. Recipient's share of unliquidated obligations				0.00	
m. Federal share of unliquidated obligations				0.00	
n. Total Federal share (sum of lines j and m)				0.00	
o. Total Federal funds authorized for this funding period				2,182,613.04	
p. Unobligated balance of Federal funds (Line o minus line n)				2,182,613.04	
Program Income, consisting of:					
q. Disbursed program income shown on lines c and/or g above				0.00	
r. Disbursed program income using the addition alternative				0.00	
s. Undisbursed program income				0.00	
t. Total program income realized (Sum of lines q, r and s)				0.00	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed			
		b. Rate		c. Base	
		d. Total Amount		e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. Line 10o includes \$15,095.04 in interest earned.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Janet Reynolds, Finance Director				Telephone (Area code, number and extension) 803 734-9069	
Signature of Authorized Certifying Official <i>Janet Reynolds</i>				Date Report Submitted August 9, 2006	

**FINANCIAL STATUS REPORT (Revised 2/25/06)**  
(Long Form)

(Follow instructions on the back)

**REVISED**

1. Federal Agency and Organizational Element to Which Report is Submitted <b>Election Assistance Commission</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency <b>39.011 Title 1 Section 102</b>		OMB Approval No. <b>0348-0039</b>	Page of <b>2 2</b> pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>SC Election Commission 2221 Devine Street Suite 105 Columbia, SC 29205</b> <b>Mailing Address: P.O. Box 5987 Columbia, SC 29250</b>					
4. Employer Identification Number <b>57-6000286</b>		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) <b>4/23/2003</b>		To: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year) <b>4/23/2003</b>	
				To: (Month, Day, Year) <b>12/31/2003</b>	
10. Transactions:					
		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		0.00	0.00		0.00
b. Refunds, rebates, etc.					0.00
c. Program income used in accordance with the deduction alternative					0.00
d. Net outlays (Line a, less the sum of lines b and c)		0.00	0.00		0.00
<b>Recipient's share of net outlays, consisting of:</b>					
e. Third party (in-kind) contributions					0.00
f. Other Federal awards authorized to be used to match this award					0.00
g. Program income used in accordance with the matching or cost sharing alternative					0.00
h. All other recipient outlays not shown on lines e, f or g					0.00
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		0.00	0.00		0.00
j. Federal share of net outlays (line d less line i)		0.00	0.00		0.00
k. Total unliquidated obligations					0.00
l. Recipient's share of unliquidated obligations					0.00
m. Federal share of unliquidated obligations					0.00
n. Total Federal share (sum of lines j and m)					0.00
o. Total Federal funds authorized for this funding period					2,167,518.00
p. Unobligated balance of Federal funds (Line o minus line n)					2,167,518.00
<b>Program Income, consisting of:</b>					
q. Disbursed program income shown on lines c and/or g above					
r. Disbursed program income using the addition alternative					
s. Undisbursed program income					
t. Total program income realized (Sum of lines q, r and s)					0.00
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed			
		b. Rate	c. Base	d. Total Amount	e. Federal Share
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title <b>Janet Reynolds, Finance Director</b>				Telephone (Area code, number and extension) <b>803 734-9069</b>	
Signature of Authorized Certifying Official 				Date Report Submitted <b>February 25, 2006</b>	